

To Make Someone Obey A Court Order

1

SUPPORT, and/or PARENTING TIME ("Visitation")

EXPEDITED PROCESS FORMS & INSTRUCTIONS PART 1

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Packet Last Revised January 2006
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SELF-SERVICE CENTER

TO MAKE SOMEONE OBEY A COURT ORDER FOR SUPPORT AND/OR PARENTING TIME (formerly "Visitation")

(Forms and Instructions)

This packet contains the forms and instructions for enforcing an Order of Support, and/or Parenting Time by Expedited Services. The documents should appear in order as listed below. The items listed in **BOLD** are forms you will need to fill out and submit to the Court. Do not copy or file the instructions and other non-bold items.

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SELF-SERVICE CENTER
PETITION AND PAPERS
TO MAKE SOMEONE OBEY A COURT ORDER
CHECKLIST

USE THE FORMS and instructions in this packet only if:

- ✓ You have an order for child support, spousal maintenance, medical insurance coverage, parenting time, or for reimbursement of medical, dental or vision care expenses not covered by insurance, issued in this county, **OR**
- ✓ Your order was issued in another Arizona county, but venue has already been changed (the case has been transferred) to Maricopa County, **OR**
- ✓ Your order is from out of state, but it has already been “registered as a foreign judgment” with the Clerk of Court in this county, **AND**
- ✓ The other party is behind in child support, spousal maintenance, and/or medical expense reimbursement payments at least one full month, **OR**
- ✓ The other party is not providing medical insurance coverage, **OR**
- ✓ The other party has failed to comply with the court order for parenting time, **OR**
- ✓ You are the person making the payments and you need to give the court proof of payments you have made directly to the other party.

DO NOT USE THE FORMS and instructions in this packet if the following factors apply to your situation:

- ✓ Your order is from another county in Arizona **AND** venue has not been transferred to Maricopa County.
- ✓ Your order is from a state other than Arizona **AND** has not yet been registered as a foreign judgment in Arizona.

READ ME: Filing documents with the Court may lead to unintended results. Consulting an attorney can help to guard against unexpected consequences. The Self-Service Center has a list of lawyers who can offer legal advice and who will, for a fee, assist you on a task-by-task basis, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site by clicking on the button to the right of “Lawyers and Mediators” at:
<http://www.superiorcourt.maricopa.gov/ssc>.

**SELF-SERVICE CENTER
INSTRUCTIONS: HOW TO COMPLETE THE
EXPEDITED PROCESS PETITION TO ENFORCE**

USE THIS FORM only if you are trying to make someone obey a court order for child support, spousal maintenance, medical insurance coverage, parenting time, and/or reimbursement of medical, dental, or vision care expenses that are not covered by insurance.

**IF YOU CHOOSE TO FILE AN “EXPEDITED PROCESS PETITION TO ENFORCE,”
YOU MUST MEET THE FOLLOWING CRITERIA:**

1. You must have an Arizona court order for child support, spousal maintenance, medical insurance coverage, payment or reimbursement of uninsured medical, dental, or vision care expenses, and/or parenting time. You may **not** use this form if your order was **not** entered by the Court in this county, **or** has **not yet been registered** as a foreign judgment with the Clerk of Court of this county, (for which there is a filing fee of **\$230.00**). If your Order is from another county in Arizona, the case must have been transferred (venue must have been changed) to this county. Fee deferral and waiver forms are available at no charge from the Clerk of Court's filing counter, the Self Service Center, and from Self Service Center's web site at:
<http://www.superiorcourt.maricopa.gov/ssc/>.
2. If you are requesting enforcement of child support or spousal maintenance (alimony), you must be able to show that the party court ordered to pay is at least one full month's payment behind.
3. If you are requesting enforcement of medical insurance coverage, you must be able to show that the party ordered to provide medical insurance coverage **is not** providing coverage as ordered by the court.
4. If you are requesting enforcement of payment for medical, dental, or vision related expenses, that are not covered by insurance, you must be able to show that the documentation of expenses must have been submitted to the party ordered to pay **and** must have been unpaid for more than 30 days after delivery to the other party or 30 days past any other due date set by the Court.
5. If you are requesting enforcement of parenting time (visitation), you must be able to show that the other party has failed to comply with a provision of the order for parenting time.

DO NOT USE THIS FORM TO REQUEST A CHANGE OF YOUR COURT ORDER.

Match the numbered instructions to the numbers on the ***“Expedited Process Petition to Enforce.”***
TYPE OR PRINT CLEARLY, USE BLACK INK ONLY.

NUMBER	INSTRUCTION
(1)	Fill in YOUR name, address, home phone number and DAYTIME and Evening phone numbers. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m., or where a message may be left for you. PLEASE FILL IN BOTH PHONE NUMBERS. IF THE NUMBERS ARE THE SAME, WRITE “SAME” IN SPACE PROVIDED FOR SECOND NUMBER.

- (2) **Check the box to indicate whether the party filing this request to enforce is Petitioner or Respondent.** If you have obtained the services of an attorney, the attorney must write **YOUR** name as the "Person Filing" and must provide his or her State Bar number and contact information.
- (2) **Print** the names of the parties listed as Petitioner and Respondent on the court order(s) for child support, spousal maintenance, medical insurance coverage, uninsured medical/dental/vision care expenses and/or parenting time.
- (3) Below the line for Respondent's name, write in the **ATLAS** number assigned to your case, if known.
- (4) Write in your Maricopa County case number in the space provided (above "Expedited" in the form title). The number should be the same as the Superior Court case number listed on the court order that you want to enforce. This number starts with "**DR**" or "**D**" or "**FC**."
- (5) Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.

INSTRUCTIONS FOR SECTION A:

DO NOT COMPLETE SECTION "A" IF YOU ARE NOT REQUESTING ENFORCEMENT OF CHILD SUPPORT, SPOUSAL MAINTENANCE, MEDICAL INSURANCE COVERAGE, AND/OR REIMBURSEMENT OF UNINSURED MEDICAL/DENTAL/ VISION EXPENSES.

Instructions (6) through (12) apply only if you have marked one or more of the following boxes: Child Support, Child Support Arrears, Spousal Maintenance, Spousal Maintenance Arrears, Medical Insurance Coverage, and/or Uninsured Medical/Dental/Vision Expenses (those with "ESR" behind them).

- (6) Date(s) of the Order(s) you want to have enforced.
- (7) Name of the judicial officer(s) who signed your order(s).
- (8) Name of the party who owes you child support, spousal maintenance, **AND/OR** has not obtained medical insurance coverage or reimbursed uninsured medical/dental/vision care expenses.
- (9) Amount of support the court ordered the other party to pay **AND** the **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (10) Total amount of support that is past due. To determine the past due amount:
- Calculate the total amount of support which should have been **PAID** to you to date;
 - Calculate the total amount of support you have **RECEIVED** (including **DIRECT** payments) to date;
 - SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).

- (11) Time period for which you claim the past due support was not paid.
- (12) If reimbursement is overdue for medical, dental, or vision care expenses that are not covered by insurance, list the amount due from the other party here.

**INSTRUCTIONS FOR SECTION B:
PARENTING TIME (formerly "Visitation")**

DO NOT COMPLETE SECTION "B" IF YOU ARE NOT REQUESTING ENFORCEMENT OF PARENTING TIME. Instructions (14) through (19) apply **only** if you have marked the box for Parenting Time.

- (13) Date(s) of the order(s) you want to have enforced.
- (14) Name of the judicial officer(s) who signed your order(s).
- (15) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words as accurately as possible what the order said.
- (16) Name of the party whom you claim has not complied with the order(s).
- (17) Write a **brief** summary describing how the other party failed to comply with the court order

Note: Under Section B, No. 3, at bottom of page 2, you do not need to mark any selections here.

- (18) **DO NOT SIGN AND DATE THIS FORM UNTIL YOU ARE YOU ARE IN THE PRESENCE OF - AND DIRECTED TO DO SO BY - A NOTARY PUBLIC OR A CLERK OF THE COURT.** Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.

NOTICE TO THE PARTY FILING: Before a conference can be scheduled, it is your responsibility to provide proof of service to the Family Support Center, Support Orders. Proof of service may be hand-delivered, mailed or faxed to:

CLERK OF THE SUPERIOR COURT
Family Support Center/Support Orders
201 West Jefferson, 1st Floor
Phoenix, Arizona 85003
Fax Number: (602) 506-5764

FAILURE to provide proof of service will prevent or delay the scheduling of a conference.

It is not necessary for the party receiving this Request to Enforce to file a response, but if he or she chooses to do so, it must be filed within 11 days after receiving service. The other party may choose to file a Cross-Expedited Request to Enforce on the same issues listed on this Request or on any of the other matters listed at the beginning of this form.

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime / Evening Phone: _____ / _____
 In this case I am a: ☐ Petitioner or a ☐ Respondent OR
☐ Represented by Attorney

(IF) Attorney Name: _____ Bar No.: _____
 Attorney Phone: _____ Atty. Email: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____(2)
 Petitioner

Case Number _____ (4)

EXPEDITED PROCESS PETITION TO ENFORCE:

_____(2)
 Respondent

- (5) ☐ Child Support (ESR)
☐ Child Support Arrears (ESR)
☐ Spousal Maintenance (ESR)
☐ Spousal Maintenance Arrears (ESR)
☐ Medical Insurance Coverage (ESR)
☐ Uninsured Medical/Dental/Vision Expenses (ESR)
☐ Parenting Time (EAR)

ATLAS No.: _____ (3)

SECTION A: COMPLETE ONLY IF YOU HAVE MARKED ONE OR MORE BOXES ABOVE WHICH REFER TO ENFORCEMENT OF SUPPORT (ESR)

On this date (6) _____, the Honorable (7) _____, a Judicial Officer of the Superior Court of Arizona, ordered (8) _____ to pay child support, spousal maintenance, uninsured medical /dental /vision expenses, and / or to obtain medical insurance coverage as follows: (9) _____.

The total amount of **child support or spousal maintenance** past due is (10) \$ _____, for the time period beginning (11) _____, through _____.

The total amount of **medical, dental or vision care expense reimbursement** that is past due is (12) _____. Documentation of these expenses has been presented to the other party **and** reimbursement is more than 30 days past due.

I request that the Court consider any or all of the following action(s):

- Order the other party to bring to the conference those items set forth in the Order to Appear.
- Enter judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerk's fees, service costs, other court costs against the other party.
- Enter an **"Order of Assignment"** for payments on current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears against the other party.

Case No. _____

- Order the other party to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions which may include, but are not limited to, incarceration and the posting of a surety bond.
- Issue a child support arrest warrant if the other party fails to appear and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order reimbursement of uninsured medical / dental / vision expenses.
- Order other relief as deemed just and proper by the court.

SECTION B: COMPLETE ONLY IF YOU HAVE MARKED THE BOX FOR ENFORCEMENT OF PARENTING TIME (EAR)
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On this date **(13)** _____, the Honorable **(14)** _____, a Judicial Officer of the Superior Court of Arizona, signed an Order establishing the following schedule for parenting time: **(15)** _____

The other party, **(16)** _____, failed to comply with the parenting time order in the following manner: **(17)** _____

I request that the court consider any or all of the following action(s):

- Compel compliance with the parenting time order.
- Find the other party in civil contempt of court and order sanctions, which may include, but are not limited to, incarceration.
- Order either or both parties to mediation, counseling, or supervised parenting time pursuant to A.R.S. §25-410.
- Issue a civil arrest warrant or enter an order for the requested relief should the other party fail to appear at the conference.
- Enter an order for other relief as deemed just and proper by the court.

Case No. _____

EXPEDITED PROCESS PETITION TO ENFORCE

OATH AND VERIFICATION

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

UU _____
Signature of party filing (18)

STATE OF ARIZONA)
COUNTY OF MARICOPA)ss.

Subscribed and sworn or affirmed and acknowledged before me this date: _____.

by _____.

My commission expires: _____
Notary Public or Deputy Clerk

IMPORTANT INFORMATION FOR PETITIONER AND RESPONDENT

A conference will be scheduled when the filing party provides proof of service to Expedited Services and the 11 day period after service for filing a Cross Petition for Enforcement has expired. Expedited Services will mail a notice to the Petitioner and Respondent advising of the date, time and location for the conference.

IT IS THE RESPONSIBILITY OF THE PETITIONER AND RESPONDENT TO KEEP THE COURT AND EXPEDITED SERVICES ADVISED OF THEIR CORRECT AND CURRENT ADDRESS. FAILURE TO DO SO WILL NOT PROHIBIT EXPEDITED SERVICES FROM PROCEEDING WITH THE CONFERENCE.

The conference may last several hours and additional conferences may be set, if appropriate. Conferences are for the Petitioner and Respondent. Attorneys are invited to appear and participate in the conference. Spouses, child(ren), family members or significant others will **not** be allowed in the conference. **DO NOT BRING CHILDREN. They will not be allowed in the conference and you may not leave them unattended.**

SELF- SERVICE CENTER
PROCEDURES: WHAT TO DO WITH THE “EXPEDITED PROCESS
PETITION TO ENFORCE” AFTER YOU HAVE FILLED OUT THE FORMS

COPIES: Make **3** copies of the “*Expedited Process Petition to Enforce*.” Assemble as follows:

- ☐ **ORIGINALS FOR COURT FILE**
“*Expedited Process Petition to Enforce*”
- ☐ **COPIES**
 - “*Expedited Process Petition to Enforce*” for your records
 - “*Expedited Process Petition to Enforce*” for the **OTHER PARTY**
 - “*Expedited Process Petition to Enforce*” for **EXPEDITED SERVICES**

FILE YOUR COURT PAPERS: There is a fee of **\$61.00** to file this document. **NOTE: If this is your first “appearance” in this case**, meaning that you are not the petitioner and you have not previously filed any papers in this case, you will also have to pay an **APPEARANCE FEE OF \$231.00**. Pay your fees and file the papers with the Clerk of the Court at one of the following Superior Court locations:

Central Court Building
201 W. Jefferson, 1st Floor
Phoenix, Arizona 85003-2243

Southeast Court Complex
222 E. Javelina, 1st Floor
Mesa, Arizona 85210-6201

Northeast Regional Court Center
18380 North 40th Street
Phoenix, AZ 85032

Northwest Court Complex
14264 West Tierra Buena
Surprise, Arizona 85374

If you are unable to pay the fees at the time of filing, you may request payment of fees be deferred (delayed). The Fee Deferral application is available for free from the Clerk of Court, from the Self-Service Center, or via the Internet at: http://www.superiorcourt.maricopa.gov/ssc/forms/defer_gnf.asp
Hand your originals and all copies to the Clerk of the Court at the Family Court Filing Counter and ask the Clerk to conform (stamp) the copies to show that they were filed and to return two copies to you. The Clerk will keep one copy to send to Expedited Services.

WHAT TO DO AFTER FILING YOUR COURT PAPERS: After filing your papers, you must serve ALL the court papers on the other party. See the Self-Service Center’s “Service” packets for instructions. The packet is available from the Self Service Centers for \$4.00, or it may be downloaded for *free* from their web site at: http://www.superiorcourt.maricopa.gov/ssc/forms/fc_group_20.asp
Unless the other party is willing to sign an “Acceptance of Service” form in front of a Notary Public or a Clerk of the Superior Court, there will be a charge for service. The Fee Deferral mentioned above may also be used to defer the cost of service if performed by the Maricopa County Sheriff’s Department, but you must specifically request deferral of service fees on the application form.

WHAT TO DO AFTER THE OTHER PARTY IS SERVED WITH THE COURT PAPERS:

After the other party has been served with the court papers, you must **MAIL, HAND-DELIVER OR FAX PROOF OF SERVICE** to Expedited Services at:

Clerk of the Superior Court
Family Support Center/Support Services
201 W. Jefferson, 1st Floor
Phoenix, Arizona 85003-2243
Fax: (602) 506-5764

If you make arrangements to have the court papers served on the other party by a private process server or the Sheriff's Office, it is your responsibility to make sure that the proof of service is mailed, hand-delivered or faxed to Expedited Services. **FAILURE to provide proof of service will prevent or delay the scheduling conference.**

Be aware that the party served will have an opportunity to file a **"Cross Expedited Process Petition to Enforce"** regarding additional issues not related to your **"Expedited Process Petition to Enforce"**. For example, if you served the other party with a **"Petition to Enforce Support"**, the other party may in turn file a **"Cross Expedited Petition to Enforce"** for parenting time ("visitation"). Once Expedited Services has received proof of service, and the 11 day period after service for filing a **"Cross Expedited Process Petition for Enforcement"** has expired, a conference will be scheduled. Notice of the date, time and location will be mailed to you **and** to the other person.

IMPORTANT INFORMATION: Your conference may be up to two hours in length and additional conferences may be set as needed. Conferences are for the Petitioner and Respondent. Attorneys are invited to appear and participate in the conference. Spouses, children, family members or significant others will **not** be allowed in the conference. **DO NOT BRING CHILDREN.** They will **not** be allowed in the conference and you may **not** leave them unattended.

INTERPRETER NEEDED: If the Petitioner and/or the Respondent require the services of an interpreter for the deaf or for a spoken language, please call (602) 506-3762 immediately and arrangements will be made to provide these services.